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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>167</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>460</u>
Town of _____			Local Registrar No. _____
or <u>Miami</u>			
City of _____			
2. Full name of child <u>Barbara Morales</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____	7. Date of birth <u>July 16 - 1923</u>		Month day year
8. FATHER		14. MOTHER	
Full name <u>Patricio Morales</u>		Full maiden name <u>Guadalupe Arguilla</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Fla.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation	19. Occupation		
Nature of industry <u>Miner</u>	Nature of industry <u>Housewife</u>		
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>None</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>D. J. Johnson</u>	
Given name added from _____		(Physician or midwife)	
a supplemental report _____		<u>Miami, Arizona</u>	
Month, day, year.		C. E. Johnson	
Registrar.		Local Registrar.	
		County Registrar.	

342-716-112